

Practitioner's Docket No.: 1291.01

PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Thomas M. Gross)

Serial No.: 09/682,565)

Filed: 09/20/2001)

For: Method for Simplifying the Casting of
Ophthalmic Lenses)

Examiner: Vargot, Mathieu D.

Art Unit: 1732

Confirmation No.: 1382

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OCT 15 2003

Faxed to Technology Center 1700 at (703) 872-9310

Mail Stop Non-Fee Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is an independent inventor. A statement was already filed.

EXTENSION OF TERM

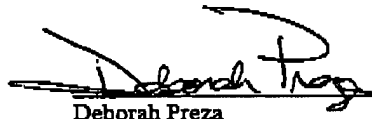
3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATE OF FACSIMILE TRANSMISSION

(37 C.F.R. 1.8(a))

I HEREBY CERTIFY that this correspondence is being transmitted by facsimile to the United States Patent and Trademark Office, Art Unit 1732, Attn: Mr. Mathieu D. Vargot, (703) 872-9310 on October 14, 2003.

Dated: October 14, 2003


Deborah Preza

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FEE FOR CLAIMS

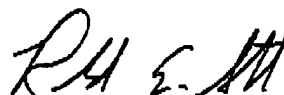
4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	4	Minus	20	= 0	x \$9 =	\$0
Indep.	3	Minus	3	= 0	x \$43 =	\$0
First Presentation of Multiple Dependent Claim					+ \$145 =	\$0
Total						Addit. Fee \$0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,
 ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
 *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

Very respectfully,



SIGNATURE OF PRACTITIONER

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